Application or Docket Number

15

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY	
FOR			NUMBER FILED			NUMBER EXTRA		Γ	RATE	FEE	]	RATE	FEE
BASIC FEE			Alexander of the second							345.00	OR		690.00
TOTAL CLAIMS			/ minus 20=			*			X\$ 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS	3/ minus 3 =			*			X39=		OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT									+130=		OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2									TOTAL		OR	TOTAL	690,47
CLAIMS AS AMENDED - PART II									OTHER THAN SMALL ENTITY OR SMALL ENTITY				
	·	(Colum		· · · · · · · · · · · · · · · · · · ·		Column 2) HIGHEST	(Column 3)		SWALL			JIIIALL I	
ENT A		REMAII AFTE AMENDI	NING ER		PF	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
<b>AMENDMENT</b>	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*		Minus	***		=		X39=		OR	X78=	
	FIRST PRESE	NTATION	OF MU	JLTIPLE DEP	ENE	DENT CLAIM		ן ו	+130=		ÓŘ	+260=	
								L			OH		
								A	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE:	
		(Colun				Column 2)	(Column 3)	<b>1</b> =-					
AMENDMENT B		CLAII REMAII AFTI AMEND	NING ER		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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		(Colun	nn 1)		ıc	Column 2)	(Column 3)	^	ODII. FEET			ADDII. FEC	
_		CLAI	MS			HIGHEST	(Column o)	lr		ADDI	1		4001
AMENDMENT C		REMAII AFTI AMEND	ER		PF	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**	1	=		X\$ 9=		OR	X\$18=	
	Independent	*		Minus	***	•	=	<u> </u>	X39=			X78=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						▎┞			OR			
	if the onter in anter	ma 1 ia las	a than th	o ontre in activ	mr ^	write "O" in an	Jump 3		+130=		OR	+260=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
	The "Highest Nun	nber Previo	usly Pai	d For" (Total or	r Inde	pendent) is the	e highest numbe	er four	nd in the app	propriate box	c in col	umn 1.	

## This Firm is for INTERNAL PT USE ONLY It wes NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 095/604/

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Cuale Filing Fee	201/101						69010
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Independent Claim; >;	202/02	<u>3</u>	:				•
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English Translation	119			•		<del></del>	,
TOTAL FEE CALCULA							8200
Fees due upon filing t Total Filing Fees Due		8200	0				
Less Filing Fees Subm	ined - \$	3450	) 				
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FORM OIPE-RAM-01 (Rev. 12/97)